Ro: 0500 AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25874

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. DePaul Hospital St. ..... Ward)

File No. ..... Registered No. 7048

2. FULL NAME Eliza Thirloway

(a) Residence, No. 501 S. Rollins St., N R Ward. Macon, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Thirloway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 12th, 1870

7. AGE: 67 YEARS, 3 MONTHS, 1 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

FATHER

13. NAME: John Richard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Dorothy Barron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs W. Martin Bell, 60 S. Meredith, Pasadena, Cal.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bevier, Mo. DATE July 16th 1937

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED JUL 24 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/2, 1937, to 7/13, 1937

I last saw her alive on 7/13, 1937. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Toxic goiter — Date of onset: years

Thyroid crisis

59

Other contributory causes of importance:

? diabetes mellitus

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Willard Bartlett Jr., M. D.

(Address) 607 N Grand, St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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